



TRANSCRIPT REQUEST FORM

This form must be signed and payment attached before a transcript can be issued. Allow a minimum of ten days for processing.

Print out this page and complete all eight items and return to the address above. Please print legibly.

1. Name _____
 Last First Middle Name While Attending

Social Security Number _____ Date of Birth _____

Daytime Telephone Number () _____ E-mail Address _____

2. Address _____
 Number & Street

City _____ State/Zip Code _____

3. Check if you are currently enrolled ()
 OR indicate approximate dates of attendance
 First Year Enrolled _____ Last Year Enrolled _____

4. Number of official (School Seal) transcripts to be mailed to each address below.
 (A transcript request will not be processed for a student who is indebted to the School.)
 Send transcript to the address below: (Official transcripts are \$5.00 each)
 1) # of Copies _____ 2) # of Copies _____

Deadline: _____ Deadline: _____

5. Number of unofficial (without School Seal) transcripts to be mailed to the
 address in Item #2. # of Unofficial Copies _____. First unofficial copy is free.

6. Check One
 () Pick up or mail in 48 hours - RUSH Transcript - \$10.00 each
 () Send now, do NOT hold for current grades.
 () Send after current grades received.
 () Fax unofficial Copy. Fax # is _____

7. Method of Payment: Cash () Check () Money Order ()
 American Express () VISA () MasterCard () Diner's Club ()
 Card Number: _____ Expiration Date: _____

of Official Copies: _____ times \$ 5.00 = _____

of Official Rush Copies: _____ times \$10.00 = _____

of Unofficial Copies: _____ times \$ 5.00 = _____

Total Due = _____

8. _____ Date of Request _____
 SIGNATURE (MANDATORY for release of transcript)

without the student's written consent.

Jun-08